Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: fesidence before edmission) e. COUNTY. b. COUNTY a. STATE MARYLAND b CITY OR TOWN (if outside corporete limits, write RURY) And prive neerest town) c. LENGTH OF STAY IN 16 c. CITY ON OWN (If ourside corporate limits, write RURAL and give nearest town) kecuted within 24 hours after death. If any delay is in Item 18. Give Pages 1, 2, and 3 to the funeral dir d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? retained YES NO State 3. NAME OF Middle DATE Yeer DECEASED OF the (Type or print) DEATH 1962 Girl Andrews Febr Baby with 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5 SEX ge 5 may band 2 with 72 hours af last birthday) Hours WIDOWED DIVORCED Feb. 9, 1962 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Is 1 and done during most of working life, even if retired) pages form PM3. 13. FATHER'S MAME 'S MAIDEN NAMI EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unknym) | (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxiation 10 min IMMEDIATE CAUSE (e) in pencil Office DUE TO burial Anoxia Conditions, if eny, which (b) geve rise to immediate cause 63 DUE TO Membranes not removed from infant at birth (e), steting the underlying Examiner pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati 2 writing the word No attendant present at time of birth
AUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) NO T Medical plnous 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) Month, Day, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. the el work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ____ Inquiry I and in my opinion Homicide death resulted from: Natural causes TX Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2-19-62 DEPUTY DEPUTY MEDICAL EXAMINER XX EXAMINER'S Stress (SSnow Hill Maryland Robert C. La M Bay 104 22c NAME OF CEMETERY OR CREMATORY OCATION (Stete) BURIAL CREMATION. town, or country) OL 40 0 24e. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Ciling S. Traces

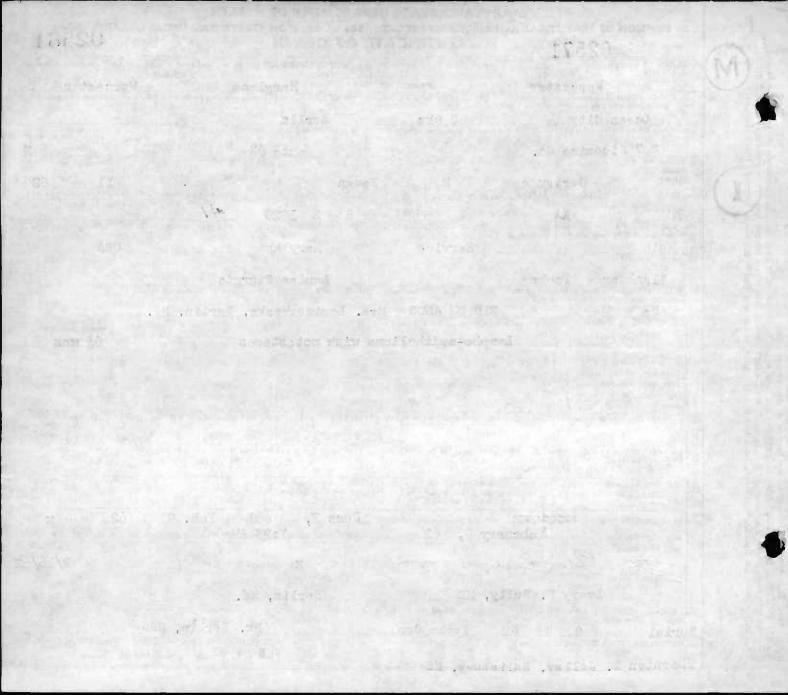
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

MAKI	LAND SIAIE DEPARIMENT OF HEAL	
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
02571	CERTIFICATE OF DEATH	0256

e, COUNTY		a. STATE	CE (Where decease	b. COUN		ence before	admission)
Worcester	MARYLAND		vland	B. COOK	Word	ester	
 b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete	limits, write	RURAL end giv	e neerest toy	vn)
Ocean City	3 wks	X Berlin				1 16 8	SCIDENIAS.
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS					A FARM?
207 Wicomico St.		Route	#3			YES	NO T
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	De	y Yea	r
(Type or print) Gertrude	M	lewen	DEATH	2	1	1 19	62
F 659		. DATE OF BIRTH	9. AC	E (In yeers)	IF UNDER 1 YEA	after	
. ()	OWED DIVORCED	8 2 192	- 41	yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or forei	gn country)	12. CITIZEN	OF WHAT	COUNTRY?
Maid	Service	Maryla	nd		US	Δ	
13. FATHER'S NAME	Deratos	14. MOTHER'S MAIDEN			00	n.	
707 10 1 95 1							
Blankford Fooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Louise	Sturgis	Address			
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)							
	219 03 4508 Mr	s. Louise Fo	oks, Berl	lin, M	d.		
1B. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c).]					NTERVAL BE	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	mpho-epitheliom	a with metast	ases			61 mo:	
148 X DUE TO							
Condition if you will be							
geve rise to immediate cause							
(e), stating the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIV	EN IN PART 1(e)	19. WAS A	AUTOPSY DRMED?
TA TA						YES [NO [
PART II. OTHER SIGNIFICANT CONDITIONS DECLIFIED TO SIGNIFICANT CONDITIONS DECLIFIED	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of it	em 1B.)			
Hour a.m.	LILLIA LALINIA CONT.	CE OF INJURY (Home, farm tory, street, office bldg., etc		own)	(County)	N.E.	(State)
	work et work	* ~	/-		1-		
21. I certify that (I) (INGCKOCKICK) at							
saw the deceased alive on Februa	ry 9, 19.62 and that	death occured af7.2	.254, Allom the	e causes	and on the	date state	d above
220. SIGNATURE		ATTEMPING	AFD C	TAFF		221	b. DATE
Thomas 4. The	ly to			HYS.		2/	16/6
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Ivery U. Sull	y, MD	Berlin	Ma				
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATIO	N (City, tov	wn or county)	(5	State)
Burial 2 15 62	Fooks Cem		Nr. Ber	lin, 1	vid		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	'D BY REGISTRAR	25b. REC	GISTRAR'S SIGN	ATURE	
Thomas B 7 3		DATE	EB 21 '62	U	Lillian S. 17	Trava	
Thernten B. Jolley, Sali	abury, Ma	10.116					



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Division of STATISTICAL RESEARCH AN **BALTIMORE 1. MARYLAND** 257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY -WORCESTER MARYLAND b. CITY OR OWN (if outside comparate limits, write JURAL and give year your) c. CITY OR JOWN (If outside co porete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR INSTITUTION (if not in hospital, give st d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO [3. NAME OF Middle 4. DATE Yeer DECEASED Marion 1962 (Type or print) Brown February 8 DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BADATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 wil 72 hours lest birthday) Months WIDOWED DIVORCED 104. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? In Item 18. Give Pages File pages 1 P.M3. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. odunkown) (Ifyes give were redeles of service) 16. SOCIAL SECURITY NO. 17. INFORMAN INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (e), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion 0 IMMEDIATE CAUSE (e) Office DUE TO Arteriosclerotic Heart Disease VIS Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 2 Previous Coronary Occlusion(Dec. 1960) NO XX Diabetes plno 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., atc.) Not While Hour e.m. at work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry XX and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Natural causes XX. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY ME designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURÉ DEPUTY MEDICAL EXAMINER 104 Bay St Snow Hill Md. NAME (Type) Robert C. La Mar. M&D. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City Wwn, or country) BURAL, CREMATION, 226. DATE THEREOF (State, 407 4a. REC'D BY REGISTRAR I VS. A15ME DATE FER 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIX OR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3. It is a should be filled in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before a. STATE b. COUNTY WOrcester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Snow Hill Snow Hill

e. COUNTY			a, STATE	b. COUNTY	in the state of th
Word	ester	MARYLAND	Marvla		Worcester
b. CITY OR TOWN (if out	ide corporale limils,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporete limits, write RU	RAL end give neerest town)
write RURAL and give			X Cham H.	111	
d. NAME OF HOSPITAL O	OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM?
201b Pet	itt St.		20Ib Peti		· YES NO
. NAME OF DECEASED	First	Middle		DATE Month	Dey Yeer
(Type or print)	Peter	J.	Collins	Febuary	T4 19 62
5. SEX 6.	COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF	INDER I YEAR IF UNDER 24 HRS.
	WIDOWE		l. on 1st	tast birthdey) Mi	onths Deys Hours Min.
00. USUAL OCCUPATION	Ua		Y 11, BIRTHPLACE County &	1100	12. CITIZEN OF WHAT COUNTRY?
done during most of working	life, even if retired)	and or bosiness ok indopik	II. BINTIPLACE PCOUNTY &	water of foreign country)	12. CHIZEN OF WHAT COUNTRY
Labor			Virginia	3	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
Tamas	0-11:		. 1 16 0		; .9
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1 17. I	MALY I	Address	som mill
Yes, no, or unkown) (Ifyesg		n	4 11	19	1.11.1
No		1507	Le asple	12018 Mel	IL OT
	'H [Enter only one couse per	line for (e), (b), and (c).]		0	ONSET AND DEATH
PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (a)	april	Tulman	un Eden	5 hours
LLSON	rs.	- Curo	1	1	CC C LOLLS
Santa S	DUE TO	nn.	1.0	O. 121 at 220	2 Week
Conditions, if any, will gave rise to immediate c		Migo	cardial	angireion	2.000
(a), stating the underl	DI DI TO	Y	D 10 4	U	Men
couse lest.	(c)	<i>t</i>	+SHD		Jeurs.
PART II. OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	
					PERFORMED?
200. ACCIDENT WAS L	INDERLYING THE 1 2DK DE	CRIRE HOW INTERV OCCURED	(Enter neture of injury in Pert I	or Pert II of item 18 1	
OR CONTRIBUTING [] C	AUSE OF DEATH	CKIDE 110 44 11430KT OCCORED	temer herore or infary in roll i	or ron ii or nom ra.,	
	ICAL EXAMINER)				
20c. TIME OF INJURY Hour e.m.			CE OF INJURY (Home, ferm, 2 ory, street, office bldg., etc.)	Df. (City or town)	(County) (Stata)
Hour e.m.	While 19 el wo	- I TOT WITHE	ory, siredi, office brog., etc.,		
			150- 1 10 (1 . Fel. 11	1 20/22 11 112 1 22 1
	L D: 11 A	. 1 /			4., 1962, that (I) (we) last
saw the deceased	alive on 2814 U	17 19 62 and that	death occured at 4.11.N	, from the causes and	on the date stated above.
22e. SIGNATURE	200	011	ATTENDING , MED	STAFF	22b. DATE SIGNED
	David	Kagir	D. PHYS. DIRECT		SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type)	DAVI	n RAFIT	Sno	W Hill	mad
3a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town	or county) (Stata)
Burial	2/ 10/1000	Mt.Zion B	aptis	Snow Hill	Ма
4 FUNERAL DIRECTOR'S SI	GNATURE 10/1962	ADDRESS 1	7 25a. REC'D B'	REGISTRAR 256. REGIST	RAR'S SIGNATURE
110:4 5	V4111	1 201	ANIS DATE F	EB 1 9 '62	arthur S. Kraus
unite of	MUNUTUR	1 rans	11101		o. Maus

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FOR STATE HEALTH DEPT Health Page M TO DEPUTY MEDY XI, EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare execute the control of the funeral direction of the control of the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02575MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before	re edmission)
	a. COUNTY B. COUNTY B. STATEM ARELAND b. COUNTY (2) CROSS	60
/	CITY OR TOWN (if outside corporate limits LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and dive pages)	town
	Write RURA and gife naarasi lewn) M 12 years Park Book of	
		RESIDENCE
	GERMANTOUN ARER - R-3 GERMANTOWN HERE R3 YES	NA FARM?
	3. NAME OF First Middle Lest 4. DATE Month Day Y	fear
	DECEASED (Type or print) ()+ 15 ? ERVIN DEATH Teb 24 1	962
	THE TEN MARKIES	DER 24 HRS.
1	Neg RO WIDOWED 24 - 23 - 1911 51 6 yr.	Min.
Н	108. USUAL OCCUPATION (Give find of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	T COUNTRY?
	LABOYER TIIMDER SOUTH CGrolina Gaston	-USA
	13 FATHER'S NAME	
	· Crawfor Ervin ! Fannie Walken	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wes, no, or unkown) (Lyesgivewarordates of service)	1
Н	1. No ! James Poullow Berlin M	9
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (10 N S NOT WOUND (22 e Ali DVe) HERE SILVE	minu
	DUE TO	
	Conditions, if any, which (b)	
	(a), stating the underlying DUE TO	
	cause last. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	S AUTOPSY REORMED?
~	YES	NO 🗌
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PRIMARY OF CONTRIBUTIONS CONTRIBU	
		45
	Hour a.m. While Not While factory, street, office bldg., atc.)	(Stata)
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry I, and in my	opinion
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D. ASSISTANI MEDICAL EXAMINER D	/ S
2	EXAMINER'S FRANCIS J. TOWNSEND TOPUTY MEDICAL EXAMINER DE 26,	62
6	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (S	State)
	Busial 3-3-62 GeThes eme Gaston County SC	
	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR SIGNATURE	
	Of the of Italiant doclar sud pare 6'62 added 8. thouse	
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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** W. PRESTON STREET, BALTIMORE 1, MARYLAND 02576 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY e. STATE the d ORCE c. CITY OR OWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND death. pue b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 write RURAL and give naerest town) hours after Pages filled . IS RESIDENCE ON A FARM? YES NO SH completely papers. 3. NAME OF DATE DECEASED OF (Typa or print) DEATH 19 carbon IF UNDER 24 HRS. AGE (In yaers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED last birthdey) Months and Deys Hours 20 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician remove 1Da. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) B LIS U 13. FATHER'S NAME MOTHER'S MAIDEN NAME lease s attending parts of Them please .= BB D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal. (Yas, no, or unkown) | (If yes giva war or detas of sarvica the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c). or attending physician.
The been signed by the burial-transit permit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), stating the undarlying hospital or and secretificate has causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO . prior 2Da. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of itam 18.) for OR CONTRIBUTING [] CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER detached After 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) (Stata) þ 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Yaar factory, straat, oflice bldg., atc.) Whila Not Whila at work at work CIOR. 196.. 7 that (1) (we) last 21. I certify that (I) (this hospital)/attended the deceased from.... 3 should State saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED with the DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Bav Street director, I 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Steta) 23e. BURIAL, CREMATION, | 23b. DATE REMOVAL (Spacify) TO 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

certificate

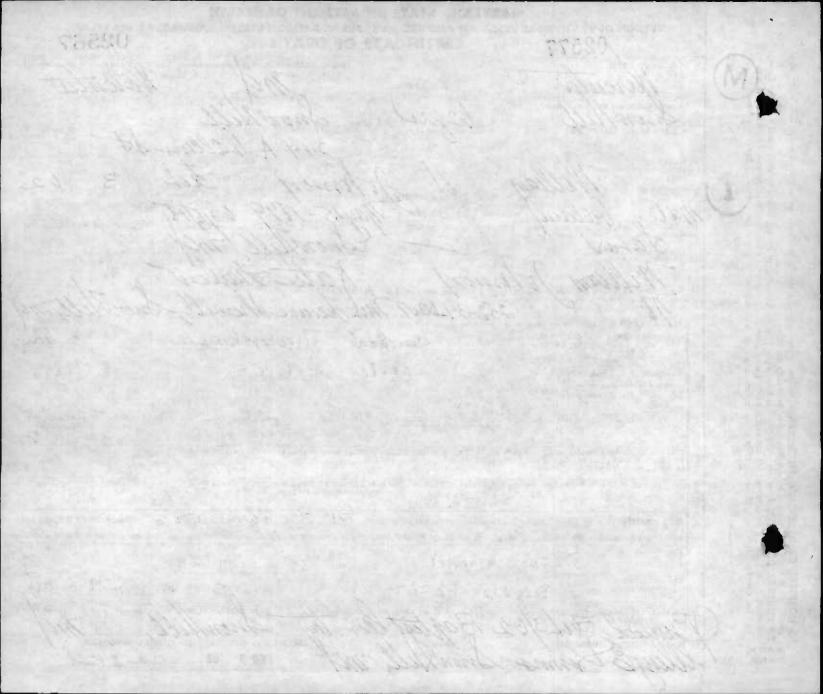
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1,1 (31) 44 T CITY ALA CHANGE THE to a sale AN SHI GROW SHIP WAS A ! TERRY ALLEN FORKEY FET I FET IL FEE MENUSARY MO TO VISE Break lets Beach HELEN WEST Me Beiney Kny Former Bernalla Think the same of Page 1 m 150 33V / 110 24 Bridge me A Buckeye Declar Mile

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 025771. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: desidence before edmission) a. STATE b. COUNTY MARYLAND R TOWN (if outside corporela limits, RURAL and and energy of nearest own) c. LENGTH OF STAY IN 16 c. CITY OR 70WN (If outside corporete limits, write RURAL end give neerest town) executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital e. IS RESIDENCE give Graat address) ON A FARM? YES NO completely papers. 3. NAME OF DATE Day Year DECEASED OF (Type or print) DEATH 196 carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED and WIDOWED event physician remove 10a. USUAL OCCUPATION (Give kind of work done during lost of working life, even if ratirad) 10b. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ple (If yes giva warray dates of service) 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN physician. þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Contral Throm bosis IMMEDIATE CAUSE (e) signed burial-transit DUE TO arteres selero six-Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY certificate PERFORMED? as NO use prior 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Whila Not While Hour e.m. at work at work n m DR: 3 , 19.67 to 176 3 , 1967 that (1) (we) last pe 22b. DATE 22e. SIGNATURE OR DI ATTENDING SIGNED David DIRECTOR PHYS. PHYS. death. Page 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RAPAT rector, p NAME OF CEMETERY OF BURIAL, CREMATION, 23b DATE THERPOF CREMATOR) 23d. (Stele) の意義 256. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 Orthur & Kraye DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARIENTS OF DEATH

CERTIFICATE OF DEATH

1			
	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Whare daceased lived, If institution: Resi	dance before edmission)
И	WORCESTER MARYLAND	MARKLAND b. COUNTY NOCC	ESTER
-	b. CITY OR TOWN (if outside corporale limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
	write RURAL and give nearest (own)	VA! O	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat ddrass)	d. STREET ADDRESS	IS RESIDENCE
	d. NAME OF HOSPITAL OK INSTITUTION (IT not in hospital, give streat address)	d. SIKEEI ADDKESS	ON A FARM?
			YES NO
	3. NAME OF First Middla DECEASED	Last 4. DATE Month D	ey Yeer
	(Type or print) GERTRUDE W.	TOENIG DEATH FEB.	2 1962
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS.
	WIDOWED DIVORCED X	JAN. 20,1878 Surry Months Dey	's Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working lifa, avan if ratired)	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZES	OF WHAT COUNTRY?
	HOUSEWIFE OWN HONG	VVHALEW VILLE MD	1,54
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	KINGSLEV WILLIAMS	CORDELIA HAMBLIN	
-	11/10/05/20 /	CORDELIA MAMBLIN NFORMANT Address	
	(Yas, no or unkown) (If yas give war or datas of sarvice)	/ N/ 0	C.T. M.
-	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	RS. JGAN / TAE UCGAN	INTERVAL SETWEEN
	DARY DEATH WAS CAUSED BY	6,	ONSET AND DEATH
1	IMMEDIATE CAUSE (a) Typerthusive	- mais-nascular cuseuse	10 yrs
	1-4-43 × 000.00 Cs	0	~
	Conditions, if any, which \ (b) Carcerona of	erton	1.yre
	geva risa to immadiate ceusa (a), stating tha undarlying DUE TO		
	causa last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e	
	So in the		PERFORMED?
	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Pert I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County, straat, offica bldg., etc.)	(Stata)
	Hour e.m. Hour e.m. 19	ory, straat, offica oldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	5/10 1057 10 1/31 1062	, that (I) (we) last
н	saw the deceased alive on	I FAIR DM	
	22a. SIGNATURE	death occured access, it, from they causes and on the	22b. DATE
	Linger Sully of	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	V/3/62
	22c. PHYSICIAN'S	22d. ADDRESS	1
	NAME (Type) Ivory U. Sully, Jr. M.D.	Derlin, Ma	
		OR CREMATORY 23d. LOCATION (City, lown or county)	(Stata)
	BUCIAL 2/4/62 REDMEN	VS CEM SELBYVILLE	NGL.
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
	Anna H-Burbage Deller	DATEFER 6 '62 antly 8, to	Laur
1.			

Pleasanth a mar area and DOE HA CLITY BOYES - ODERN CITY -GERTHURGE WINDENIG - 150. 2 L HOUSEWIPE OWN HONG WHALEHWILE ME USE KINSSORY WITHIRMS CORDOLIA HANDEN Nos No Mes John Mad Desny City Me The state of the second of the second of the second meng V Sully Jerre Town in 1987 in 1985 BURNE 2/4/62 REGMENS CEN GOUDY VILLE From A. Bidon achieve to

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 npletely filled in by the front opers. Poges I and 2 shauls offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed may be retained by the appearance of the control
certificate ng physicio e remove c event, withi

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the State Boord of Health prio		
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1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) J. STATE D. COUNTY
NURCESTER MARYLAND	MARYLAND NORCESTO
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(3 BAL) N	X GERLING
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
OK HASHIOTOLY	KFD. AVRES CREDIX YES NODE
NAME OF DECEASED (Type ar print) First Middle	MEADE DEATH FEB. 9 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	NOV, 3, 1891 70 yrs. Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) NEACHANT OWN BUSING	SSS POUND VA U.SA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SOLOMON MEADE	CoveH
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [1] (If yes, give war or doles of service)	INFORMANT Address
No No	MRS. M. V. MEADE SERLIN I
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	O O I INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RULLE MA	uncaroleal invaration 2 urs
T 2 (DUE TO	
Conditions, if any, which (b) Coromany	arteres depende
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
20g, ACCIDENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURR	RED. (Enter noture af injury in Part I ar Part II af item 18.)
	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
Haur a.m. P. m. 19 While Nat while at wark at wark	actary, street, affice bldg., etc.)
	7/9 1062- 7.19 10634-111-11
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 2 9 19 2 and that	120
saw the deceased alive an 27 192 and that	death accurred at TM, from the causes and an the date stated above.
1 March 4	M.D. PHYS. DIRECTOR PHYS. 2-10-6
22e-PHYSICIAN'S	22d. ADDRESS
Frank E. Gantz Jr. M.D.	5 Bay Street Berlin, Manyland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
BEMOVAL (Specify)	Man Semi BERNIN
EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Dryn A Bular Beller	DATE FER 1 3 '62 Callun S. Thomas
	DAIL

SULEN VIVIN MESSAGE A PROPERTY OF A COMPANY Mer M. V Med DE DECEND ME THE PART SHEETS IN THE STREET

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH

age ss.		o. STATE O CARLO MARYLAND O. STATE O D. COUNTY (1) OR
M.	1	CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town)
o dire	1	CURD R3 BERLIN IJGIAN RUSAL R3 DERLIN X 4. NAME OF HOSPITAL OR INSTITUTION (If not In pospital, give street address) d. STREET ADDRESS
ned formal med formal f	1	3- germantown- BERIN R3 GERMANTOWN BERIND VES NO X
the further further further stringer dea		NAME OF DECEASED LARVE IN A LOAD Short OF Month Day Year 10/2
with the base	5.	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S and	10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or topolign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1, s 1 and n 72	do	ne during most of working life, even if retired) PANAGE
PM3.	13.	WHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 12Abeth Johnson
S. Giv	15. (Ye	WAS DECEASED LEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give war or deles of service) Address SNOW HIII
with with any		No 221-12-3093 Mrs Lenn Dishop (915th) MARY INVO. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
il in li long ansit in		PART I. DEATH WAS CAUSED BY MYOCARDIO FAILURE ACUTE PIET AND DEATH IMMEDIATE CAUSE (a) MYOCARDIO FAILURE
fice a fice a rial-tr		Conditions it are which DUE TO AFTRIA - Sclevete CV) with chance FAILURE / WORK.
remo		gave rise to immediate couse (e), stating the underlying DUE TO
sed as	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
ord "loord "matio	CATION	None
g the work Medical should rial, crei	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)
Page 3	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, fectory, streat, office bldg., etc.) 4 work at work at work 20f. (City or town) (County) (State)
TOR: Porto		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
RECT agent,		death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
forwar forwar I. DII		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
base execute the should be forward FUNERAL DIRE its designated age		EXAMINER'S FRANCIS J TOWNSEND JR DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
246 p	23.	ELIMERAL DIRECTOR ADDRESS 240. REC'D 8Y REGISTRAR 245. REGISTRAR'S SIGNATURE
5. A15ME 5M 7/59		hornton B. Jolley, SAlisbury, Knows FEB 21 '62 aring S. France
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Victorial and the land of the state of the s Andrews (Steel and Day of the Steel and the Sugar a set 1 From the Clear to the Second and Co M. I have is tell Book latter , Substance in the time of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2581 CERTIFICATE OF DEATH 162 Residence beforgadmission) 2. USUAL RESIDENCE (Where deceased lived, If Institution 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fewn) b. CUY OR TOWN (if offside corporete limits, write RURAL and give/warest town) c. LENGTH OF STAY IN 16 Pages e. IS RESIDENCE NAME OF HOSPITAL CRINSTITUTION (if not in hospital, give street eddress) filled hours aff d. STREET ADDRESS ON A FARM? YES NO papers. Dev 3. NAME OF N DECEASED OF DEATH (Type or print) 1960 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 5. SEX RACE 7. MARRIED last birthdey) Months and WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? KIND OF BUSINESS OR INDUSTRY physician remove U.S.A. please attending ARMED FORCES? Then removal, the ONSET AND BEATH permit. physician. signed by PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a burial-transit DUE TO aftending Conditions, if eny, which has been geve rise to immediate cause DUE TO (e), steting the underlying burial certificate ha 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? hospital 92 NO Y prior ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH for ned by the : After this the (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) 2Df. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., atc.) While Not While Hour a.m. at work et work CIOR: 1947 to 2 - 11 - , 1962, that (1) (=) last 21. I certify that (I) (this hospital) attended the deceased from...... 99 11 72 19 and that death occurred 30 30 M Mom the causes and on the date stated above. 0 saw the deceased 22b. DATE 22. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. death, Page 4
TO FUNERAL L
director, page PHYS. M.D. 22d. ADDRESS HYSICIAN'S NAME (Type) Snow Hill, Md. Robert C. LaMar, M. D. 104 Bay Street 236 NAME OF CEMETERY OF CREMATORY 23d. KOCATION LEty/town or county) (Stete) BURIAL, CREMATION | 235. DATE THEREOF DMOVAL (Specify) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 9/60 arthur S. Mises

MARYLAND STATE DEPARTMENT OF HEALTH

